CERTIFICATE OF TRADE NAME FOR INDIVIDUALS ONLY

For Clerk's office use only

I,	hereby certify	in accordance with the prov	risions of § 59.1-69 of t
(Full Name)			
Code of Virginia that I am conducting t	he business of		
		(Type of Business)	
at(Street Address)			
(Street Address)	(City)	(State)	(Zip)
Fauquier County, Virginia, under the na	nme of		
	(Name of Business)		
and that no other person has any interes	t of any kind in said business	and that I am the sole owner	er and proprietor
thereof.			
My Post Office address is:			
My Residence address is:			
Given under my hand this	day of	2	
		(Signature)	
		(Printed Name)	
Commonwealth of Virginia		(Timeer Name)	
County of Fauquier, to-wit:			
1 1 1			
•		the undersigned Deputy	Clerk of the Circuit Co
•	wealth and County aforesaid	the undersigned Deputy , do hereby certify that	Clerk of the Circuit Co
I,	wealth and County aforesaid		Clerk of the Circuit Co
I,(Notary Public) in and for the Common		,	
I,	and hereunto annexed Certifi	cate dated the day	of
I,	and hereunto annexed Certifi	cate dated the day and the same before me in my	of
I,	and hereunto annexed Certifi	cate dated the day and the same before me in my	of